

Mayo Clinic Health System is proud of our support of local not-for-profit organizations. All organizations requesting a grant must complete a Hometown Health Grant.

Groups and organizations within our communities and surrounding areas are eligible for such donations, and all requests should meet at least one of the following criteria:

- Enhancing general health and wellness
- Community health education

In addition, there are a number of grants that are not permitted under our policy, including:

- Any organization that does not provide equal access or who discriminates on the basis of age, gender, race, religious affiliation, sexual preference or disability
- Endowment funds
- Religious organizations requesting contributions for sole benefit of their group or congregation or for purposes of soliciting new members
- For-profit organizations
- Individuals

All requests will be reviewed within 90 days of receiving them.

Grant requests are received on an on-going basis. If you have any questions, please contact Community Relations at 507-594-7416.

Thank you for your interest.



Location <input type="checkbox"/> Mankato <input type="checkbox"/> Fairmont <input type="checkbox"/> New Prague <input type="checkbox"/> Springfield <input type="checkbox"/> St. James <input type="checkbox"/> Waseca		
Program/Event Location		
Program/Event Name		Event Date (mm-dd-yyyy)
Organization Requesting Donation		
Contact Person		Email
Address		
Phone (Daytime)	Mobile	Amount Requested
<input type="checkbox"/> Program Grant <input type="checkbox"/> Event or Sponsorship Request <input type="checkbox"/> Other (Supplies, in-kind) If this is a new request, submit your organization's W-9 form with this application.		
Brief description about how grant will be used to benefit community		
How many people will participate/be served by this program or event?		
Please provide a brief description about how monies/sponsorship requested fit into one or more of the identified priority areas Health Related Organizations Community Health Education Health and Wellness Events/Programs		
List other funding sources for this program/event		
How will you recognize Mayo Clinic Health System for this contribution?		
Would you be willing to share a story or photos from the event with us? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you need volunteers for this event? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Please return this form via Mail or email to
 Mayo Clinic Health System
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